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PARIS MEDICAL MEN AND THEIR CHARGES. SIR BENJ. C. BRODIE.
NERVOUS IRRITABILITY. DR. ABERCROMBIE. HYDROCELE.

[Communicated for the Boston Medical and Surgical Journal.]

SAMUEL G. GOODRICH, Esq., U. S. Consul at Paris in 1851, gave me the following history of his own case, and other medical matters, which interested me very much, as I trust it may your other readers. Mr. Goodrich published, as an author, one hundred and seventy volumes, a number of them under the fictitious title of Peter Parley, and says:—

“In the midst of these labors—that is, in the spring of 1832—I was suddenly attacked with symptoms, which seemed to indicate a disease of the heart, rapidly advancing to a fatal termination. In the course of a fortnight I was so reduced as not to be able to mount a pair of stairs without help, and a short walk produced palpitations of the heart, which in several instances deprived me of consciousness. There seemed no hope but in turning my back upon my business, and seeking a total change of scene and climate. In May I embarked for England, and after a few weeks reached Paris. I here applied to Baron Larroque, who, assisted by L’Herminier—both eminent specialists in diseases of the heart—subjected me to various experiments, but without the slightest advantage. At this period I was obliged to be carried up stairs, and never ventured to walk or ride alone, being constantly subject to nervous spasms, which often brought me to the verge of suffocation. Despairing of relief here, I returned to London, and was carefully examined by Sir B. C. Bródie. He declared that I had no organic disease, that my difficulty was nervous irritability, and that, whereas the French physicians had interdicted wine and required me to live on a light vegetable diet, I must feed well upon roast beef, and take two generous glasses of port with my dinner! Thus encouraged, I passed on to Edinburgh, where I consulted Abercrombie, then at the height of his fame. He confirmed the views of Dr. Brodie, in the main, and, regarding the irregularities of my vital organs as merely functional, still told me that, without shortening my life, they would

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probably never be wholly removed. He told me of an instance in which a patient of his, who, having been called upon to testify before the committee of the House of Commons in the trial of Warren Hastings, from embarrassment had been seized with palpitation of the heart, which continued to his death, many years after. Even this sombre view of my case was then a relief.

"Four-and-twenty years have passed since that period, and, thus far, my experience has verified Dr. Abercrombie's prediction. These nervous attacks pursue me to this day, yet I have become familiar with them only as troublesome visitors; I receive them patiently, and bow them out as gently as I can."

Mr. Goodrich's note to the above contains so much sound sense and medical philosophy, that I copy it entire. He says:—

"I make this statement, chiefly, because I think it may be useful to persons, who, like myself, have abused their constitutions by sedentary habits and excessive mental labor, and who consequently are afflicted with nervous attacks, putting on the semblance of organic diseases of the heart.

"Not long since I met with an old friend, a physician, who had abandoned his profession for authorship: with a dejected countenance he told me he was sinking under a disease of the heart! I inquired his symptoms, which corresponded with my own. I related to him my experience. A few days after I met him again, and saw by his cheerful face that I had cured him. I give this prescription, gratis, to all my literary friends: let them beware of overtasking the brain; but if they do make this mistake, let them not lay the consequent irregularities of the vital organs to the heart. In nine cases out of ten they belong to the head—to the nervous system—which centres in the brain. Get that right by bodily exercise, by cheerful intercourse with friends, by a conscience void of offence, by generous living, by early rising and early going to bed, and by considering that the body will always take vengeance upon the mind, if the latter is permitted to abuse the former."

In relation to the French physicians, Mr. Goodrich thinks ours quite their equals; also, that the Anglo-Saxon race will find their own medical men better adapted to treat the diseases of their own race, than the Gallic. This was very decidedly the fact in his case. And he further observes, that "There is, no doubt, great science in the medical and surgical profession in Paris; but there are two things to be suggested to those who go there for advice. In the first place, these practitioners are very daring in their treatment of strangers; and in the next, their charges to foreigners are about double the ordinary rates." Of this he relates the following interesting case in confirmation, and says:—

"While I was in Paris, a very wealthy and rather aged gentleman from Virginia consulted an eminent surgeon there, as to hydrocele. An operation was recommended and performed, entirely against the advice of a Virginia physician, who chanced to be in Paris and was

consulted. In thirty days the gentleman died. He had intrusted his affairs to me, and I paid his bills. The charge of the surgeon was five thousand francs! The bills of the nurses, hotels, attendants, &c., were of a similar character. A young physician, who had been employed fourteen days as a nurse, estimated his services at fifteen hundred francs! I make these remarks, that my countrymen going to Paris for medical or surgical advice, may be duly warned against placing themselves in the hands of rash, unprincipled practitioners. A great name in Paris is by no means a guarantee of that care, prudence and conscientiousness, which belong to the physician at home."

Mr. Goodrich's remarks upon nervous irritability, &c., put me in mind of a case to which I was myself called not many years past. It was that of a physician, a very close and profound student, whose many publications are well and extensively known and appreciated. He was laboring under what he termed and considered palpitation of the heart. My first prescription was chloroform, the maximum dose not to exceed sixteen drops; which he took with immediate relief, and expressed his wonder that he had not thought of the same remedy himself.

JOSEPH COMSTOCK, M.D.

Lebanon, Conn., Oct., 1862.

P. S. This is perhaps from the oldest living writer of your Journal. I was 85, the second day of January last, and write this without spectacles, which I have never used.

J. C.

CASE OF POISONING BY CANNABIS INDICA.

BY FRANCIS H. BROWN, M.D., CAMBRIDGE.

[Communicated for the Boston Medical and Surgical Journal.]

On the 11th of April last, I was called to see C. C., a druggist's clerk, who had been experimenting with Indian hemp. About 4, P.M., he had taken half a grain of extract cannabis Indicæ; at 4½, half a grain more; at 4¾, one grain more; at 5, two grains; and at 5¼, still again, two grains—in all, six grains of the solid extract. Took tea, as usual, about 6½.

At 7½, noticed that he felt somewhat nervous and dizzy, and that he gave wrong change to a customer. A few minutes after, when out on an errand, felt an irresistible inclination to run; at the same time a sense of "contraction" of entire genito-urinary organs and great desire to urinate, with much strangury on passing water; also excessive dryness of fauces, coming on suddenly and with much thirst. On returning to his place of business, patient found it impossible to keep still, on account of an irresistible desire to be constantly on his feet. At this point I first saw him—found him walking, at a quick pace, almost on his toes, round a room about eight feet square. Within a few minutes spasms supervened, during which, at times, the flexors and extensors, at times the abductors and adductors of

the whole body, were thrown into violent alternate action. While sitting in a chair, one minute his feet would beat a tattoo on the floor; and the next, his knees beat violently together. The spasms increased in severity and frequency for half an hour, and then gradually diminished, after emesis had been induced. Patient could, by strong exercise of his will, restrain the spasms; but, on fresh access, they were much more violent. They were unaccompanied by pain; but, after a time, he experienced a sense of weariness, as after the spasms of tetanus.

Patient describes his mind as being "dull" and somewhat confused, but says, that, at no time, did he lose consciousness in any degree. At no time any delirium. At but one time did he experience any mental disturbance, when he thought the vomitus was the head of a hippopotamus, and again a bunch of earth worms. He noticed that, if anything ludicrous were said or done, or any idea suggested, which required more than the most common exercise of mind, the spasms were considerably intensified.

The senses of seeing and feeling were somewhat diminished; other senses perfect. Had tinnitus aurium. Pupils unchanged at any time; conjunctivæ much congested. Pulse, at 8½, about 140, somewhat irregular in character and frequency. At 10, pulse 90. Patient got an active emetic, which caused vomiting of ingesta, having the odor of Indian hemp.

The symptoms lasted, in severity, about an hour; then gradually diminished. Had a few more spasms during the night, but not severe. Twenty-four hours later, the desire for constant motion and an occasional slight spasm persisted; but these soon passed away, and the patient was well.

October 30th, 1862.

SURGICAL OPERATIONS AT THE GENERAL HOSPITAL AT NEWBERN, N. C.

[Communicated for the Boston Medical and Surgical Journal.]

Academy Hospital, Newbern, N. C., Oct. 20th, 1862.

MR. EDITOR,—I send you a contribution to the surgical history of the war, in the form of a tabular statement of operations and their results, from March 19th to October 1st, at this General Hospital, of which I have been in charge during the whole period. I include in this statement operations done on the field when the patients were immediately afterwards brought into hospital.

Amputation of Thigh.—Primary, 5; with 4 recoveries.
Secondary, 2; " no "

Amputation of Leg.—Primary, 3; with 3 recoveries.
Secondary, 4; " 3 "

Amputation of Arm.—Primary, 7; with 5 recoveries.
Secondary, 1; " no "

Amputation of Forearm.—Primary, 1; with 1 recovery.

Amputation of Shoulder-joint.—Primary, 1; with no recovery.

Resection of Humerus (three inches of shaft).—Secondary, 1; with 1 recovery.

Amputations of fingers and toes, and minor operations generally, I have not included. They have done well. The shoulder-joint and two of the arm-amputation cases died from pyæmia at about the eighth day. The only case of primary thigh amputation in which death ensued was, up to the twenty-first day, among the most promising in the hospital. At that time the femoral artery gave way from an unusual effort made by the patient.

I may also mention (though not in connection with the General Hospital), a case in which, four weeks ago, I resected the shoulder-joint and three inches of shaft of humerus in a patient at the regimental hospital of the 3d N. Y. Cavalry. Three weeks previous to the operation, a Minié ball had passed directly through the joint, comminuting the glenoid cavity, the head and three inches of the shaft of the humerus. This case has done perfectly well, and the man will doubtless recover, with an arm shortened about three inches. The degree of motion in the false joint remains to be proved.

You will observe the disparity, in accordance with what McLeod and others have told us, between recoveries from primary and secondary operations. I feel well assured that when life is to be saved by operation on the severely wounded, it must be on the field of battle, and not after inflammation has been set up.

With regard to the necessity for operation after severe gun-shot wounds, the impression which I have received is that the effort to save limbs, conservative surgery (always excepting resections of the upper extremity), is generally followed by a sacrifice of life. With the same cases again presented, which have passed through my hands during the past seven months, I should operate more frequently. I venture to observe, also, that I believe the use of sutures is a constant source of irritation, and a frequent cause of pyæmia. I have recently given them up almost entirely in amputations, relying upon liberal flaps, and moulding the stump with adhesive straps.

Oakum, as an absorbent of discharges from gun-shot wounds, as recommended in the Journal, I find of great convenience.

Very truly yours, GEORGE DERBY,
Surg. 23d Mass. Vols., and Post Surgeon.

P. S.—In two cases of delirium tremens which have been recently brought to my notice, I suggested the use of strong coffee, which I remember to have heard recommended by Dr. Cabot. In both it was perfectly successful, sleep following its exhibition in a few hours. It seems paradoxical. But may not the nervous system thus be safely reinforced and brought up to sleeping point? In so far as two cases are of value, I report the facts. G. D.

PLASTIC OPERATION ON THE PALATE.

BY CHARLES GAINÉ, Esq., M.R.C.S.

I WAS consulted by a gentleman on the 3d of May, 1862, with regard to the extraction of some loose and carious teeth in the lower jaw. As soon as he spoke I observed the characteristic nasal "snuffle" indicative of defective palate. This, however, I did not inquire into until the necessary operations on the lower jaw were completed, when, upon rinsing his mouth, I saw a quantity of sanious-colored water issue from the right nostril. I immediately requested him to allow me to examine the roof of his mouth, which he at once acceded to. I there found a sinus nearly three-fourths of an inch long, extending from before backwards, in a line with the process of the palatal fang of the first molar tooth, and about half an inch from the raphé; the bone on either side of the opening somewhat hypertrophied.

Upon inquiring into the history of the case, it appeared my patient had, while travelling in the East in 1853, suffered much from severe toothache on the right side of his mouth. He embraced the first opportunity of getting the first molar and second bicuspid in the upper jaw extracted, not, however, before suppurative inflammation of the periosteum had set in and involved the antrum, an opening into which was made through the alveolar process of the first molar tooth, in order to evacuate pus, a discharge of which was kept up through the opening, together with exfoliation of small pieces of necrosed bone, for a period of nearly two years, when it ceased, and an attempt was made to close the opening by approximating the edges, which failed.

Upon his arrival in England he consulted an old medical friend, who again operated, but with a like result; and from that time (1856) till now, all operative interference was abandoned as useless. I expressed a willingness to try an operation myself, explaining the nature of it to my patient, at the same time cautioning him not to be too sanguine as to the probability of a successful issue. He thought the plan suggested feasible, and at once consented to give it a trial. Accordingly on the following Tuesday (May 6th), I proceeded to perform a plastic operation to cover the opening.

An incision was made corresponding with the length of the fissure, about two lines on the right side of the raphé, also two angular incisions from each end of the longitudinal cut to each extremity of the sinus. This was then reflected outwards to the edge of the fissure, and divided at each end, leaving only a pedicle in the centre, connecting it with the palate. The outer edge of the opening was then pared, and the flap formed from the palate, twisted upon itself, so as to bring the epithelial surface outwards. The whole was then secured with silk sutures. Hæmorrhage having ceased, a temporary caoutchouc obturator, previously modelled to the mouth, with a vacuum over the cut surface, was worn for a few days, in order to prevent any foreign matter interfering with the process of union.

On the third day after the operation I removed four of the sutures, and on the fifth day the remainder. The wound may almost be said to have healed by adhesive inflammation, though some trifling amount of suppuration was set up in the part where the flap was dissected from, which, however, granulated healthily; and on the 26th of May the wound had healed, the aperture was effectually closed, all nasal snuffling entirely removed, and the patient enabled to swallow fluid without the slightest inconvenience—a boon he had been a stranger to for nine years.

Remarks.—I was induced to try a plastic operation in this case on account of the inelastic nature of the tissues covering the hard palate preventing the edges of the fissure properly approximating without very great tension, which was doubtless the cause of the two former operations failing. My chief doubt of a successful result by a plastic operation was the low vascularity of the tissue to be operated upon. This, however, did not tend in the least degree to retard the reparative process, which was complete at the end of a month. Casts of the mouth were then taken, and my patient supplied with a masticatory apparatus attached to an obturator covering the part where the sinus had been. He expressed himself highly gratified at the result, which was in every respect most satisfactory.

—*London Lancet*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

OCT. 27th.—*Dislocation of a Rib from its Sternal Cartilage.*—Dr. MINOT reported the following case.

A laboring man, calling himself 66 years of age, but apparently much older, entered the hospital, Oct. 1st, having been struck in the breast by the shaft of a wagon, twelve days previously. Since that time he had had cough and expectoration of purulent mucus (but no hæmoptysis), dyspnoea and prostration. He admitted, after close questioning, that he had had some cough and expectoration before the accident, but called himself well. On entrance, he was somewhat prostrated, with a pulse of 96, frequent but not painful cough, and copious expectoration of purulent mucus. On placing the hand on the chest, a little to the left of the sternum, and causing the patient to cough, the fourth rib could be felt to detach itself from the cartilage with a strong jerk, and rise nearly an inch above it. This movement was accompanied with a sound which was audible to the bystanders. There was dulness on percussion, and loud bronchial respiration, with coarse crepitation in the lower two thirds of the left back, and a well-marked friction sound was heard three inches below the nipple on the same side. Some ægophony was also heard in the back. So far from being incommoded by his condition, the patient was not a little proud of it, and was anxious that all the students present should have an opportunity of feeling the movement of the rib while he coughed. The physical signs gradually diminished, the rib united to

the cartilage, and the patient improved daily. He was discharged well, Oct. 20th.

In this case there was evidently a circumscribed pleurisy at the lower part of the left chest. The condition of the lung was not so clearly ascertained. Dr. M. thought it probable that the lower lobe was congested, but not inflamed, as the characteristic sputa of pneumonia were wanting.

OCT. 27th.—*Letter from M. Bouisson, of Montpellier, France, on the subject of Ether.*—Dr. HODGES read the following answer to the circular issued by the Ether Committee, which was just received, and which, he remarked, seemed worthy of notice, coming as it does from one of the earliest students of the subject of anæsthesia. M. Bouisson, soon after the general introduction of anæsthetic agents, published a large and elaborate memoir on their uses and effects, which to this day remains one of the most valuable we possess. Surrounded by influences calculated to prejudice him in favor of chloroform, it is pleasant to find a French surgeon acknowledging the perfect security of ether, even though inclined occasionally to incur the dangers of an agent the treachery of which he recognizes, and of whose frequently fatal effects he is fully aware.

“MONTPELLIER, JUNE 25th, 1862.

“I have myself never seen any case in which sulphuric ether was productive of injury. After sixteen years of hospital practice, I persist in the opinion that anæsthesia effected by sulphuric ether is of a value which it is requitable to lose by the use of chloroform alone. In availing myself of artificial anæsthesia, I have adopted an eclectic practice, making use of ether in all those cases where I have reason to fear the insidious activity of chloroform. The necrology of the latter agent is, unfortunately, already overfreighted, and I am afraid that in employing it exclusively, the risk is run of depreciating the use of all anæsthetics. Such a risk cannot be alleged against ether, and although slow in its effects, the security which belongs to its exhibition ought to preserve its use in the practice of surgery. I. BOUISSON.”

OCT. 27th.—*Abscess in the Liver.*—Dr. MINOR reported the following case.

A married woman, 40 years old, entered the hospital, Aug. 30th, with general anasarca, and much prostration, complaining of pain in every part of the body. The patient was very stupid, and very little account of her previous condition could be obtained. The urine contained no albumen. Sept. 5th, a tumor was felt deep in the right hypochondrium, which was very tender on pressure. The next day she had a chill, followed by great prostration, but was revived by stimulants. The tumor increased in size, and was excessively tender. Sept. 23d, it felt as big as an infant's head. By Oct. 1st it had reached the surface of the abdomen, and pointed, the most projecting part being on a line drawn through the left anterior superior spinous process of the ilium and the umbilicus, and $2\frac{1}{2}$ inches above and to the right of the latter point. Dr. Townsend, who saw the patient in consultation, punctured the skin, and a quantity of thick, greenish, offensive pus escaped. The discharge continued till Oct. 11th, when it ceased. The tumor is greatly diminished in size, and the edge of the liver can be distinctly felt below it. The woman is now up and walking about. There has been no jaundice.

Dr. WARREN remarked on the rarity of idiopathic abscess of the liver in this part of the country. He had seen but a single case.

OCT. 27th.—*Fracture of Vertebra through the Arch.*—Dr. J. WYMAN exhibited two specimens of ununited fracture of the arch of the fifth lumbar vertebra. These were in addition to the four specimens described at a former meeting. Another specimen has been noticed by Dr. David W. Cheever, Demonstrator of Anatomy in the Massachusetts Medical College, making in all seven instances in the different collections of this vicinity. This fracture does not appear to have been described in the systematic works.

The lower lumbar vertebræ are especially liable to the accident in question, from two circumstances: 1st, from their peculiar structure; 2d, from the strain to which they are particularly exposed. The weakest part of the arch of a dorsal vertebra is its pedicle, and the strongest is on a line drawn between the upper articulating and the transverse processes. In the lumbar vertebræ, on the other hand, the pedicle becomes stronger, and in the fourth and fifth it is the strongest part of the arch. The weakest part is to be found on a line drawn between the lower articulating and the transverse processes, where the former with the spinous process are united with the rest of the bone by a narrow neck, which in some subjects is very slender.

When the vertebral column is bent forcibly backwards, the arch is strained in consequence of the spinous processes coming in contact, and is most liable to give way at the neck which has just been described. Those gymnastic exercises in which the body rests on a bar under the loins are favorable to the production of this injury.

The subjects from which the above specimens were taken were all from the dissecting room, and nothing is known of their history. The broken surfaces had all undergone the changes incident to fractures of long standing.

Dr. Wyman also exhibited a specimen of a second lumbar vertebra, both the lower articulations of which had been fractured near the middle, and remained ununited for a long time, as shown by the condition of the broken surfaces.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 13, 1862.

THE SURGEON-GENERAL has kindly permitted us to publish the following report on Military Surgery, by Dr. Gay. We are happy to state that this valuable and practical paper will be printed by the authority of the State. Copies will be sent to each of the Massachusetts Regiments, and also extensively distributed throughout the Army.

BOSTON, OCTOBER, 1862.

To the Surgeon-General of Massachusetts.

DEAR SIR,—Allow me to present a few statements bearing particularly upon the surgical treatment of the wounded, which have been at different times suggested from actual observation, and by the reports of reliable persons and of soldiers.

It is well known that many of the sick have suffered through neglect and injudicious management that could not altogether be excused on the ground of some military necessity, and that vast numbers of

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the wounded have passed through prolonged suffering, and received needless mutilation in consequence of operations, not only inopportune as to the time of performance, unnecessary from the degree, extent or locality of the injury, but also ill-judged, mainly from an absence of that consideration which was due to the pressure and influence of surrounding circumstances.

The immediate treatment, the first dressings of gun-shot and other wounds, meaning thereby the application of water, bandages, plaster and lint, are of very great importance; as at that time much may by a judicious course be accomplished and prevented, which at a later period may comparatively be of little avail. And, if some of these are improperly used, not only valuable time is lost to the soldier, but what was at first a trifling affair may be converted into a lingering and oftentimes dangerous sickness.

It may be generally stated, that this primary treatment should be as simple and easy to the patient as possible, as simple as the surrounding circumstances will allow.

The old dry dressing has been almost universally supplanted by the wet one, water alone, or with the addition of some other agent. So that, after a full examination of the wound and removal of the ball, clothing or any other remaining foreign substance, a compress of several folds of cloth, or a piece of spongio-piline, soaked in water and then squeezed so as not to drip, and placed upon and in the immediate vicinity of the wound, will almost always be found to be the most agreeable and beneficial application. It will be well sometimes to place a dry compress over the wet one, large enough to somewhat overlap it. Care should be taken that the compress is not too heavy, and that the temperature of the water should be regulated by circumstances. If the parts, where the shock has been great, and reaction is tardy, and has not come on to a sufficient degree, are more or less cold and inactive, then the water should be tepid or warm, otherwise gangrene may be hastened where the vitality is too much lowered to bear the stimulus of the cold.

By a judicious management of these water dressings, the comfort of the patient is very essentially increased, by lessening irritation, inflammation and swelling. If the compresses become considerably heated, measures should be adopted to have the water renewed frequently. From neglect or other causes, the renewal of the water has been omitted, so that in many cases no change has been made for two, three or more days. In most instances, the patient himself, with proper directions, could apply the water. It will be seen from the above that stress has been laid upon fresh water only, especially because on the whole it will be found the most preferable and easily obtained, though sometimes it will be advantageous in some stages to use an aqueous solution of opium, laudanum, arnica, rum and water, and infusion of hops or poppies, or other agents.

There is no excuse for the additional pain and discomfort, from the dry, stiff, hard and wrinkled compress and bandage.

The bringing together of wounds immediately by adhesive plaster, over the spot of entrance and exit, is not advisable, and only in very exceptional cases will it be attended with good results. A few gun-shot wounds have looked as clean and almost as linear as pure incised wounds, and have united with the first dressing of plaster, without any discharge or sloughing.

Many gun-shot and other wounds, if let alone, will take care of themselves, and by this is meant that there are certain processes to be gone through with at the wound before cicatrization ; and all interference with nature must be avoided. She may be assisted in an individual case, but must not be opposed.

It is of great value to know when not to do, not to interfere, and when to act.

There can scarcely be a doubt that the expectant plan, in a great many traumatic lesions, will be followed with as favorable results as the same course in medical diseases.

Connected with the water or other dressings, is the bandage used to keep them in place. It is known that much additional suffering has been frequently caused by the bandage, either too tightly applied at first, or tightened by the subsequent swelling. Sufficient allowance has not been given for the swelling which comes on, at variable periods, after gun-shot or other wounds, of greater or less severity, sometimes almost immediately, sometimes not for hours or days, according to the degree, extent and locality of the injury, and the reactionary powers of the patient. The swelling may be confined to the superficial or deep portions of a locality, or to both at the same time. If the wound is superficial, the swelling is not generally great nor very painful ; but if the wound is deep, traversing a limb for instance, then the swelling involves the whole thickness of the limb, and is necessarily attended with more severe pain. The parts are tense and painful, from causes connected with the wound. If in this case a tight bandage is applied, as has been not unfrequently done, great needless suffering, irritation and inflammation are added. There has been altogether too much suffering of this kind. The soldier bears it as well as he can, supposing, of course, that it is wholly produced by the character of the wound.

The diversity of opinion, as to the question whether the wound should be enlarged by incision or not, may be traced to the circumstance of one surgeon finding relief occasionally in enlarging the original wound, where it and the swelling were merely superficial, while another surgeon has made an incision without any relief, because the swelling involved not only the superficial but deep regions. The external parts might have the painful tension removed by such an incision, but the benefit would not extend to the deep, swollen and constricted tissues.

To anticipate and avoid much of this unnecessary suffering, the bandage should be loosely applied, of just sufficient tightness to retain in place the necessary dressings. If a patient is to be removed any distance, and over a road where there will be much jolting, it must be applied more firmly, and full directions should be given to some one to examine and loosen it in some way, if there is an increase of suffering in consequence of the tightness.

The lint dressing particularly requires remarks in behalf of the wounded soldier. From what has been seen, and from the numerous complaints, it cannot be doubted that the abuse of this article has been very extensive, and to such a degree, that it would be more humane to altogether discard it, unless it can be employed with a much better judgment.

Too many wounds have had it rammed into them until they are tightly plugged, and then a tight bandage is applied over it, as if something more was needed to keep it in place. And all this has

been done where there was no hæmorrhage, nor fear of any. It is not at all strange that the patient suffers greatly from this firm plug and additional constriction. Clothing, balls and any other foreign substance are removed from wounds as soon as can be, with the correct idea of withdrawing as much as possible every irritating cause; and yet the benefit from this action is immediately frustrated, for a new irritating substance is thrust in, and especial efforts are made to bind it there.

A clean, suppurating wound, perforating the cheek, has been seen, which had been stuffed several days with hard, dry lint, and which, on the removal of the lint, contracted one half in twenty-four hours. A colonel, with a wound of the sterno-mastoid muscle, also stuffed with lint, and so painful as to permit of but little motion of the neck, had almost instantaneous relief after the lint was removed and abandoned.

Many other cases were seen where the lint had become so adherent by the drying of the discharge about its edges as to require a long soaking with water and pulling before it could be detached, and this separation was followed by a free flow of the confined pus.

The lint arranged in cords, the size of lamp wick yarn, was also placed crosswise along the bottom of wounds, and then balls of coarse, dry lint pressed down upon them, all of which was removed when thought proper, by drawing upon the free ends of these cords, hanging loosely outside and near the wound.

Numerous other instances could be multiplied, sufficient to convince any one of the bad use to which this agent has been applied, and in such cases of course aggravating the suffering of the patient.

It is a matter of extended notoriety, that operations of different kinds have been performed, not only uncalled for by the nature, locality and extent of the injury, inopportune from the time of their performance, but also ill-judged from a disregard of all the concomitant circumstances which the case demanded.

To allude to no other, every surgeon will admit that a ligature of the carotid artery for a small, easily accessible wound of the edge of the tongue near its tip, was not only uncalled for but unjustifiable; the same may be said of an immediate amputation of the thigh for a wound of the popliteal artery, or the ligature of the principal artery of a limb for hæmorrhage a few hours after an amputation, or the excision of the greater portion of the shaft of the humerus or femur, upon the battle-field, or an important amputation before reaction had come on.

Amputations, performed at an opportune time, may save a great many lives.

The mortality within a very short period after these operations has been large, owing in all probability not so much to the fact that an amputation has been done, but that it was attempted at a time when the system was the least able to bear it.

Amputations for injuries are less successful in their results, than for long-established diseases, because the system has received a serious shock, and has not constitutional force enough in some instances to bear up against it; the same result, and from the same cause, is seen in a less degree in the local death of the soft tissues and of bone, consequent upon injuries sufficient to produce that effect.

The military surgeon, however, must frequently act as circumstances dictate, and many limbs must be sacrificed, when more favorable

auspices would justify and demand an effort to save them. If it is decided that an amputation is necessary, it must be done within a limited period, not too soon, while the system is still under the effect of the shock and before there are signs of increasing reaction, nor after inflammation and the so called irritative fever have become fairly established.

The opportune time for an operation is surely not when the state of the system is very seriously reduced, in a collapsed or sinking condition, from the effect of the injury. Symptoms showing that the system is rallying from the effects of the shock, and manifest in the comparative strength of the pulse, and other general indications, must influence every one in making up the proper decision.

Ether, particularly, and chloroform, *under certain restrictions*, are valuable agents in assisting and accelerating the reactionary powers of the system. In many cases there will be no recovery from the shock, no reaction, and this of itself is an imperative reason for abstaining from any operative interference. If in this absence of sufficient reaction, an operation of importance is performed, an unfavorable result is almost necessarily hastened.

The time of this reaction varies in different persons with the severity and locality of the injury, the degree of shock to the system, and the amount of reactionary power or vitality remaining. It may take hours, and even days. Therefore, because a primary operation, the one now alluded to, may be pronounced to be the proper one, it must not be supposed that even the so called primary amputation can be, or ought to be, performed *at any time* after the receipt of the injury. Safety to the patient demands that no operation of any magnitude should be attempted before there are signs of sufficient reaction, steady and not intermittent, nor after inflammation and the irritative fever are adding new trials to the patient's endurance.

It is true that sometimes amputations performed four, five or six days after the injury, and when the inflammation and fever are progressing, have ultimately been followed by recovery. But these cases are exceptional in their results, and may be explained by the fact that the powers of the system in individual instances have been ample enough to bear up, both against the effect of the injury and the additional shock of the operation at a very unfavorable period, but they should by no means be considered in any other light than an unsafe and dangerous practice.

The *exsection* of portions of the shaft of bones, varying in extent from two to six or more inches, has been attended with very great fatality. An injury from any agent sufficient to produce great comminution and splitting of the bone, requires a long deliberation of all the attendant circumstances before resort should be had to such extensive exsection as has been done on the battle-field, or in a crowded depot for the wounded. The warning, which experience has given to every surgeon, in extensive and severe injuries of the soft tissues, never to operate too near the seat of the injury in apparently sound and healthy portions, on account of the gangrene which is almost sure to follow in the immediate region of the lesion, should tell us still more strongly to beware about an operation too near a shattered bone, for fear of gangrene, or necrosis, of one or both remaining portions of the shaft.

A piece of necrosed bone four inches long has been seen, that was

removed from the humerus of a soldier, several months after an exsection. Forewarned, let an extra caution be prominent, for the *future* as well as the *present*.

It is difficult enough and often impossible, in severe injuries requiring amputation, to say where the line of demarcation is between the skin that is sound and that about to die; and we must, for many reasons, expect to find still greater difficulty in tracing or fixing this line in bone. The state of the system, the amount of constitutional force affected by the injury, shows itself after these operations by such diminished vitality in the neighborhood of the injury, that gangrene follows to a greater or less extent in the soft parts, and in the bone also.

Exsection, for injury, of any considerable portion of the shaft of a bone, particularly the thigh bone, would be considered a very serious operation in civil practice, even when the patient is under the best hygienic conditions, and when one can command every comfort and the most improved surgical appliances. In the field, or crowded temporary hospital, the operation must be invested with a still more serious and dangerous character, for a great many reasons, the controlling influence of which should not be under estimated.

And then again, as was said, how is one to know that, in the exsection, the saw passes through sound and not through deadened bone? And we all know that the process of separation in necrosis is a tedious one, and with the suppuration from it and the soft parts is the liability to many troublesome complications.

Conservative surgery, within prudent limits, is valuable and praiseworthy, but an opprobrium when attempted in decidedly unfavorable circumstances. The *cui bono* of these extensive exsections is yet to be settled.

Then again, an operation, feasible upon the bones of the fore-arm or arm, might not be as feasible upon the thigh, or even the leg.

The exsection of the articulations in consequence of injuries, would probably be attended with more fatal results than the same operation for chronic disease, for the same reason that experience has shown that the ratio of mortality is greater in amputations after injury than after a long-established disease, because the system, besides the amputation, has the additional, serious and sudden shock from the injury. The unfavorable results that follow, may be traced more to the state in which the system is brought by the effect of the injury, than to the mere operation.

Let me add a word or two more in reference to the dressing of the stump after an amputation, which was accidentally omitted when allusion was made to the operation.

The following has been seen:—the flaps adjusted by sutures, then strips of plaster, then thick masses of dry, coarse lint, and over all a bandage. The line of approximation of the flaps was so much covered by the plaster as scarcely to admit of any exit to the secretions. The consequence was a swelling and pressure outward of the flaps by the pus confined internally. At the time of the renewal of the dressings, pressure was made to force out the remainder of the pus.

The danger of such a course is, of preventing union, by separating, and leaving a cavity between the flaps, and if the exit is not sufficiently free, for whatever is secreted within, then portions already united by granulations are separated by the pressure from distension,

the support about the vessels is taken away, and the liability to subsequent hæmorrhage is very much increased.

Time and safety are gained by letting the pus escape freely as fast as secreted, and only such a degree of compression should be used as will produce an easy and steady apposition of the parts, so that union may proceed with as little interference as possible.

Lint, used as above, is not only heating and irritating, but it also adds an obstruction to the escape of the pus.

Very truly yours,

GEO. H. GAY.

WE gladly give place to the following communication, which undoubtedly contains a considerable amount of truth. It agrees, in the main, with our previously-expressed convictions. Still, we are not satisfied that abuses and neglect do not exist in some of our Government hospitals; indeed, we have positive knowledge that, within a very recent period, at least, they have existed. It cannot be possible for one gentleman, however industrious, to declare authoritatively, from personal observation, that the whole system is free from reproach. Doubtless there has been much injustice done by public rumor, and there has been too great a readiness to accept as true of all the hospitals what has been true of comparatively few. The only way to set the public mind entirely at rest on the subject is just that which the Sanitary Commission has so successfully inaugurated, namely, a complete system of repeated inspections by a body of disinterested, conscientious physicians, taken from the community at large.

THE HOSPITALS IN WASHINGTON.—From time to time, the public mind, naturally anxious for the comfort and welfare of our wounded soldiers, has been painfully disturbed by the numerous newspaper reports of "Hospital Abuse"; the vast majority of which prove, on investigation, to be totally untrue—and many of them would be more properly designated "abuse of hospitals," than "abuse in hospitals." Perhaps the experience of one who has had the advantage of some personal observation on the subject, may not be, at this time, inopportune.

What are the facts? Our nation, suddenly plunged in war, finds, after a series of bloody battles, its Capital thronged with 20,000 wounded soldiers—while it contains but one or two small buildings adapted to the purposes of a hospital, and those capable of containing but a few hundred of these many thousands. The exigency demands and energy attempts prompt provision for the present necessities and future comfort of this *army* of wounded. Churches are dismantled—portions of public buildings and whole blocks of private buildings are pressed into service. Empty barracks, constructed originally for soldiers in health, are improvised into hospitals, not because they are suited to the purpose, but inexorable necessity permits no other choice. These various buildings in Washington, without any previous adaptation to their present use, contain our twenty thousand wounded men. The number, within the smallest of these, is from one to two hundred, while in the larger it will range from one to two thousand. It were tedious to specify the almost infinite daily recurring minutiae of labor, mental and physical, requisite to carry on, successfully to the patients and satisfactorily to the surgeons, one of the largest of these hospitals, even for a single day; and there are in the city some fifty of various sizes, but all requiring this constant care and attention of the corps of surgeons in charge of them. They also require the services of many hundreds of nurses, dressers, cooks, stewards and other attendants. It is the intention and endeavor of Government to have none in any of these capacities but such as are competent and faithful; none are for a moment retained when proved otherwise.

In conducting this large number of hospitals, it is not strange that an occasional inadvertence should occur; and when it does, the public are very apt to hear of it, colored with all the exaggeration with which *popular abuse* too often paints

the naked fact. Those who have had the best opportunity for judging, are satisfied that of the many statements that have appeared in print, the greater portion have no foundation whatever in fact, or else are total misrepresentation of the truth. The origin of them may almost always be traced to some malingerer in the hospitals, who, being detected in feigning sickness, has been returned to his regiment, and revenges himself by stories of ill-treatment at the hands of his surgeon. This is perhaps the most frequent source of the abuse of hospitals; first started by the malingerer, believed by his credulous friends, and by them inserted in the public prints.

Another cause for the statement of supposed neglect, rests on as shallow a basis as the following: An *honest* and conscientious patient, whose self-limited disease having passed its climax, is slowing convalescing, thinks his attending surgeon does not understand his case, because "*he has for two days refused to let him have any more medicine*"! Grand opportunity, for the public "*abuse of hospitals*," where such neglect is permitted!

There might be added many similar cases, of constant recurrence in print; a full knowledge of which would have prevented their publication.

An exceptional case of incompetency for the important post of surgeon may and does occur; but the person, whoever he may be, is instantly removed. Casual inadvertences may and do happen; but prompt measures are taken to prevent their repetition. An unavoidable accident may delay the arrival of some article of hospital supplies, for which prompt requisition has been made to headquarters; yet the surgeon will generally be the scape-goat to bear the blame for a mishap beyond his control. But there is generally too much *esprit du corps* among surgeons in charge of the wounded, to allow any neglect of all available means that would tend to the welfare of their patients. It is the aim of Government to supply these hospitals with as able and competent a corps of surgeons as can be obtained. In furtherance of this purpose, there have been selected quite a number of surgeons of skill and experience from civil practice, who have temporarily left their homes, to contribute their services to the relief of their wounded countrymen.

The hospitals have also the important aid of the Sanitary Commission, whose philanthropic efforts are gratefully appreciated by all who have experienced their benefits. Also, through its various agents, it necessarily exercises a constant supervision over the condition of the patients, rendering the occurrence of neglect or abuse improbable.

In view of these facts, it will no doubt be a satisfaction to those, whose relatives and friends have gone forth to risk their lives on the battle-field, to know that if, by the fortune of war, they should suffer from wounds or disease, they will receive in the hospitals at Washington as humane and skilful treatment as could generally be extended to them in their own homes. And here it is but just to allude to the fortitude, resignation and even cheerfulness with which our wounded heroes endure and calmly submit to the most severe and painful injuries. The testimony of all surgeons who have had charge of them will abundantly corroborate the fact, that it is rare to hear a murmur escape their lips, with such patience do they bear the wounds that silently attest their devotion to their country. Daily and hourly being witnesses of their noble courage, is it reasonable to suppose that they, who are professionally devoting themselves to their relief, should fail to render them all the aid and comfort which skill and humanity can afford?

If the public were made acquainted with these facts, they would understand how absurd and groundless must be most of the newspaper articles respecting "hospital abuse," which unjustly tend to mar the hard-earned reputation of the disinterested corps of surgeons who constitute the medical staff of the hospitals in Washington.

J. P. MAYNARD.

WE have been kindly furnished with copies of the following documents, which treat of topics of the most vital importance. We sincerely hope that this correspondence may lead to the much needed improvement referred to, in the surgery of the Army.

BOSTON, FRIDAY, OCT. 24th, 1862.

DEAR SIR,—The Medical Commission of the State of Massachusetts, having overwhelming evidence by their own observation and by reliable reports, that our sick and wounded require more careful attention and protection against neglect and the performance of needless operations, have addressed a letter to the Surgeon-General U.S.A., suggesting what they consider in some degree a remedy for the evils complained of.

They respectfully beg you to lend your authority and coöperation in carrying out the object.

(Signed)

DR. GEORGE HAYWARD.

DR. S. CABOT.

" S. D. TOWNSEND.

" GEO. H. GAY.

" JOHN WARE.

" R. M. HODGES.

" J. MASON WARREN.

" WM. J. DALE,

HON. E. M. STANTON, *Secretary of War.*

Surgeon-General Mass.

BOSTON, OCT. 24th, 1862.

TO BRIG. GEN. WM. A. HAMMOND, *Surgeon-General U.S.A.*

The Medical Commission of the State of Massachusetts beg leave respectfully to represent to the Surgeon-General of the United States, that they have had reason to believe that there are certain evils existing in the present management of the wounded on the field and in hospitals, which are capable, in some degree, at least, of being remedied. The present war, breaking out after a long and profound peace, uninterrupted, with partial exceptions, for more than two generations of surgeons, has found the profession quite unprepared, both by education and experience, for the practice of military surgery. In consequence of the very large number of surgeons immediately required for service, it has unavoidably followed, that a considerable proportion of them must not only be destitute of experience, but destitute also of that education on which experience is to be founded. They are incompetent as operators, and also incompetent to judge when operations are required, and at what time and under what conditions of the system they can be safely performed. Many of them, in common with the mass of mankind, labor under the delusion, that the main business of the surgeon is to perform operations instead of preventing them. Hence many young men have rushed into the army with the erroneous impression that it was a school for surgery, principally because it afforded opportunity for operations, especially amputations, and for learning how to do them well and adroitly, instead of learning how to prevent the necessity of doing them at all.

We have reason to believe that the profession has been disgraced by many of its members, who, having no just conception of the sacred duties of their calling, have entered upon it from wholly selfish and mercenary motives.

It is therefore recommended that the Surgeon-General U.S.A. be respectfully requested to appoint a sufficient number of surgeons, who shall be men of acknowledged ability and experience in surgical injuries and operative surgery, to each Corps d'Armée, Division, Brigade and dépôt for the wounded, whose duty shall be a general supervision of the wounded, in examining personally, so far as can be done, all the wounded, whether on the field, during or after a battle, in a general or other hospital, or at any dépôt for the wounded, and to decide as to the primary surgical treatment in the cases presented; and, if any operation is deemed necessary, to direct a suitable person to perform it, and at the proper time; and, furthermore, that no important operation, such as amputation of the large limbs, ligature of any of the principal arteries, or excision of bone, should be performed, except under great sudden emergency, till one or more members of this supervisory board shall have given his or their approval.

(Signed)

DR. GEORGE HAYWARD.

DR. S. CABOT.

" S. D. TOWNSEND.

" GEO. H. GAY.

" JOHN WARE.

" R. M. HODGES.

" J. MASON WARREN.

" WM. J. DALE,

Surgeon-General Mass.

SURGEON-GENERAL'S OFFICE, WASHINGTON, D. C., OCT. 28th, 1862.

GENTLEMEN,—I have received your communication relative to the incompetency of many of the medical officers in the service of the United States.

VOL. LXVII.—No. 15B

From my own personal observation, as well as from the uniform evidence of Medical Inspectors' reports, I am able to confirm all that you can allege.

I have made every effort to obtain a sufficient number of qualified medical officers to superintend the operations on the battle-field, but thus far without success. If you can aid me in the matter, I shall be very much obliged to you.

I am free to confess that first-class surgeons have not come forward for field service with the alacrity that is to be desired, and I am sorry to see so little stress laid, in many of the States, upon the qualifications of regimental medical officers.

Begging you to accept my thanks for your interest in the matter, and hoping you may be able to afford me assistance,

I remain, very respectfully, your obedient servant,

(Signed)

WILLIAM A. HAMMOND,

DR. GEORGE HAYWARD, &c. &c.

Surgeon-General U.S.A.

THE following correspondence is interesting in connection with the detention of the transport steamers, containing Massachusetts troops, in our harbor, by the gale of last week. The steamers were disgracefully over-crowded, and the fact should be generally known, that public opinion may, if no other influence can, prevent the repetition of such an outrage. At the instigation of the State Authorities, the evil has been probably remedied, by putting some six hundred of the soldiers on board of an additional steamer. A bright sky and a fair wind have given a more cheerful tone to their final departure, and we hope the voyage may be a short one.

To Surgeon-General Dale.

We, the Surgeons of the 43d, 45th and 46th Mass. Reg'ts, desire to represent, that, in consequence of the long-continued storm, and the discomfort arising from sea sickness and other causes, want of proper ventilation, over-crowding of quarters and darkness—also the mental depression consequent on the long confinement, the saturated condition of the clothing, and the unhealthy emanations therefrom, and the impossibility of attending to personal cleanliness and to the ordinary calls of nature, it is no longer safe to remain on board in the present condition. We are unanimously of the opinion that nothing less than the removal of five hundred men from each vessel will render the condition of the ship proper or safe to go to sea.

JAMES H. WATERMAN, M.D., *Surg. of 46th Reg't.*

SAMUEL KNEELAND, M.D., *Surg. of 45th Reg't.*

A. CARTER WEBBER, M.D., *Surg. of 43d Reg't.*

*Boston Harbor, on board Ships Mississippi }
and Merrimac, Nov. 9th, 1862. }*

To the Adjutant-General.

SIR,—I have this day carefully inspected the condition both of the Merrimac and the Mississippi transport Ships, laden with Massachusetts troops. I endorse fully the opinions of the surgeons above expressed in regard to the necessity of speedy relief, and recommend that five hundred men from each ship be transferred to other quarters.

If the weather to-day had been clear and pleasant, the necessity of a change from the plan decided upon last night would have been obviated. In my opinion, the continuance of the storm, the exposure on the deck, the crowding in the compartments, and the unhealthy condition of the atmosphere from this cause, make it necessary that the relief should be immediate and effectual.

WM. J. DALE, *Surgeon-General.*

*On board Mississippi, Boston Harbor, }
Nov. 9th, 1 P.M., 1862. }*

On board Nantasket, Sunday, Nov. 9th, 1862.

The within opinion of the several Surgeons of the 43d, 45th and 46th Regiments, and of Surgeon-General Dale, was unqualifiedly endorsed by Capt. Bax-

ter, of the Steamer "Mississippi," and conditionally endorsed by Capt. Sampson, of the Steamer "Merrimac," and I endorse it without qualification.

WM. SCHOULER, *Adj't General.*

To His Excellency JOHN A. ANDREW, *Governor*
and *Commander in Chief.*

DR. HOLMES delivered the introductory address at the Medical College on Wednesday last, on account of the indisposition of Dr. Bigelow, on whom the duty devolved in turn. The first half of the lecture was mainly historical and full of interest. Having had in his possession, through the kindness of Hon. R. C. Winthrop, a collection of valuable manuscripts belonging to his distinguished ancestor, Governor John Winthrop, he was able to give some details of the medical practice of the time of the early history of New England, which were extremely interesting and entertaining. Among these papers was a formula of directions for the treatment of diseases, prepared for the Governor by Dr. Edward Stafford, of London, showing him to have been a man of much sagacity and practical wisdom. Following this historical vein, Dr. Holmes gave graphic sketches of some of the fathers of medicine in New England, and, coming down to more recent times, somewhat elaborately portrayed the marked peculiarities of three physicians practising in Cambridge in the time of his boyhood. He aptly used the striking characteristics of each as illustrating distinct types of physicians, employing them to inculcate valuable practical lessons. He sketched a vivid picture of the medical scholar and the medical practitioner, showing how helpless a man of mere erudition may be in actual practice, and giving point to his remarks by an amusing anecdote of the physicians he had last spoken of. He impressed upon his hearers the great importance of the practical study of disease, assuring them that the best part of a student's education is at the bed-side. He did not, however, depreciate the study of books, but said that it should be the complement of clinical study. The lecture concluded with some most excellent practical advice on the relations of the physician to his patient. The discourse was enlivened throughout by the Professor's peculiar humor, and enriched by his vivid imagination, which made doubly impressive the truth pervading the whole. It was worthy of a larger audience than the lecture-room could hold, and we earnestly hope it may be given to the public in print.

DEATH OF DR. CORDEIRO.—Dr. Joaquin Barbosa Cordeiro is well remembered here as a student of medicine and a graduate of the Medical School of the University in the class of 1854. He was a native of Brazil, but had acquired the English language so as to speak it with remarkable facility. On leaving the University he returned to his native country, where he soon became engaged in practice, first in Rio de Janeiro, and afterwards at Ceara. He gained rapidly in reputation, especially in the treatment of yellow fever and cholera, in which last disease he had the credit of saving many patients after collapse had occurred. He devoted himself with great zeal to the care of patients affected with this disease, laboring almost without help in a hospital of which he had charge. He himself was at last attacked, in the month of July last, and died at the post of duty where he had fearlessly and patiently labored.

Dr. Cordeiro married a Boston lady, and leaves her with two children in a distant land. It will, we hope, be grateful to her to know that she has the sympathy of all who remember her husband, and who honor the devotion to duty which cost him a life promising to be of extensive and prolonged usefulness in his profession.

DEATH OF SIR BENJAMIN BRODIE.—We regret to announce the death of Benjamin Collins Brodie, one of the most distinguished names in the annals of British surgery. He was born at Winterboro', Wiltshire, in 1783, educated in a London free school and at St. George's Hospital, where he became the successor of Sir Everard Home as surgeon. In 1811 he received for his admirable physiological papers the Copley medal of the Royal Society. In 1819 he was appointed Professor of Anatomy in the Royal College of Surgeons, and in 1827, on the death of Sir Astley Cooper, became surgeon to the royal family, and attended King George IV. in his last illness.

In 1850 he received the degree of D. C. L. from Oxford. His baronetcy, bestowed upon him by William IV., dates from 1834. On the accession of Queen Victoria to the throne he was retained as "Sergeant Surgeon" to the royal family, and was till his death, October 21st, a personal friend of the Queen's. His last official appointment was the Presidency of the Royal Society, to which he was elevated in 1858. He was married in 1818, and leaves a widow and two sons—Benjamin Collins Brodie, Professor of Chemistry in the University of Oxford, and Rev. William Brodie, a clergyman of the Established Church.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, NOVEMBER 8th, 1862.
DEATHS.

	Males.	Females	Total.
Deaths during the week,	36	33	69
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	33.7	34.0	67.7
Average corrected to increased population,	74.63
Deaths of persons above 90,	0	0

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
15	1	2	5	2	0	0	0	0

BOOKS AND PAMPHLETS RECEIVED.—The Action of Medicines in the System. By F. W. Headland, M.D., London. Fourth American Edition. (Lindsay & Blakiston.)—A Practical Treatise on Dental Medicine. By Thos. E. Bond, A.M., M.D., &c Third Edition. (Lindsay and Blakiston.)—Annual Report of the Board of Regents of the Smithsonian Institution for the year 1861.—Dentition and its Derangements. By A. Jacob, M.D., New York.—Annual Report and Catalogue of the New England Female Medical College.

MARRIED.—In this city, 5th inst., James C. White, M.D., to Martha A. Ellis, daughter of Jonathan Ellis.

DIED.—At Camp Meigs, 11th inst., of apoplexy, Dr. Deodat Mignault, aged 29, formerly a successful practitioner of medicine in Lowell.—At Hagerstown, Md., 1st inst., Dr. Samuel Lee Bigelow, Medical Director for Gen. Franklin's Corps in the Army of the Potomac.—Found dead, on the 5th inst., Dr. William S. Saunders, of Starbridge. The cause of his sudden death is supposed to have been disease of the heart.

DEATHS IN BOSTON for the week ending Saturday noon, November 8th, 69. Males, 36—Females, 33. Accident, 2—inflammation of the bowels, 1—inflammation of the brain, 2—bronchitis, 2—cancer, 1—cholera infantum, 1—cholera morbus, 1—consumption, 15—convulsions, 3—croup, 2—debility, 1—diarrhoea, 3—dropsy, 3—dropsy of the brain, 2—scarlet fever, 5—gout (of the stomach), 1—disease of the heart, 2—infantile disease, 2—insanity, 1—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 1—old age, 1—paralysis, 2—disease of the spine, 1—disease of the stomach, 1—suicide, 1—teething, 1—unknown, 7.

Under 5 years of age, 23—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 13—above 60 years, 13. Born in the United States, 44—Ireland, 13—other places 7.